

2018 Current Fiscal Year Report: Veterans' Rural Health Advisory Committee

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1. Department or Agency

Department of Veterans Affairs

2. Fiscal Year

2018

3. Committee or Subcommittee

Veterans' Rural Health Advisory Committee

3b. GSA Committee No.

34739

4. Is this New During Fiscal Year?

No

5. Current Charter

05/21/2018

6. Expected Renewal Date

05/21/2020

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

N/A

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

No

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Agency Authority

12. Specific Establishment Authority

38 U.S.C. 7308

13. Effective Date

06/08/2008

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open Meetings and Dates 0 17b. Closed Meetings and Dates 0 17c. Partially Closed Meetings and Dates 0 Other Activities 0 17d. Total Meetings and Dates 0

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$8,800.00	\$8,800.00
18a(2). Personnel Pmts to Federal Members	\$2,440.00	\$2,486.00
18a(3). Personnel Pmts to Federal Staff	\$39,380.00	\$40,129.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$28,174.00	\$30,000.00
18b(2). Travel and Per Diem to Federal Members	\$1,298.00	\$1,300.00
18b(3). Travel and Per Diem to Federal Staff	\$12,281.00	\$15,000.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$37,557.00	\$37,616.00
18d. Total	\$129,930.00	\$135,331.00

20a. How does the Committee accomplish its purpose?

The Committee provides advice to the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural areas. The Committee evaluates current VA rural health program activities and identifies existing barriers to rural health services. It recommends strategies to improve those services for Veterans, and its reports are delivered directly to the Secretary of Veterans Affairs. The Committee meets twice a year, and the Committee's working group meets in-between formal meetings, to move forward with its rural health agenda and brief to the Secretary. The Committee's recommendations align with and support VA Strategic Goals: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions, Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey, Veterans trust VA to be consistently accountable and transparent and VA will modernize systems and focus resources more efficiently to be competitive and to provide world class capabilities to Veterans and it's employees. Additionally, the committee continues to identify potential barriers that rural Veterans encounter when accessing rural health care as well as identifying gaps in workforce. The Committees focus on formulating recommendations to ensure potential gaps in service are considered when exploring options related to access to rural health care and workforce issues. On June 26, the Committee received briefings from VA, VHA and non-VA partners on VA's progress in addressing prior recommendations made by the committee, as well as obtaining information regarding initiatives that are relevant to serving the needs of rural Veterans. The committee also conducts annual site visits, to gain an understanding of how VA policy is implemented in the field. The meetings, and site visit and Veterans panels provided a forum for committee members to listen, to gain an understanding of how VA policy is implemented in the field and to understand the perspective of what the rural Veteran experiences when they utilize various VA services and benefit programs, thus assisting committee members in determining appropriate recommendations that address rural Veteran issues with the highest priority.

20b. How does the Committee balance its membership?

The Committee's membership includes academic experts in rural health care delivery, state and federal government professionals who focus on rural health issues, Department of Veterans Affairs officials at the state level, and selected Veterans service organization leaders. Committee members range from patient care advocates to medical policy strategists.

20c. How frequent and relevant are the Committee Meetings?

The Committee meets at least two times annually. Its meetings focus on evaluating the programs and policies of VA's Office of Rural Health and on recommending ways to improve those programs and policies.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Committee's advice is based upon the collective input of members who bring varied perspectives - patient care advocacy, intragovernmental, intergovernmental, academic - to the deliberations. Individuals with those varied perspectives have not been previously assembled in a formal committee setting for the purpose of examining VA health care delivery in rural and highly rural areas of the United States.

20e. Why is it necessary to close and/or partially closed committee meetings?

Meetings are open to the public unless determined otherwise pursuant to FACA and the Sunshine Act. Closed portions of Committee meetings are in order to protect patient privacy in instances where individual Veteran healthcare information is discussed. Closing portions of the meeting are in compliance with requirements of 5 U.S.C. § 552b(c)(6).

21. Remarks

The Committee's has subitted a total of 33 recommendations from FY 2009 to FY 2018.

Designated Federal Officer

Thomas Klobucar Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Adams, Graham	10/03/2016	09/30/2019	Chief Executive Officer of South Carolina Office of Rural	Special Government Employee (SGE) Member
Bouchard, Michael	10/31/2016	10/31/2019	Department of Defense Health Agency	Ex Officio Member
Bushy, Angeline	10/03/2016	09/30/2019	Professor of Bert Fish Endowed Chair, University of Central Florida	Special Government Employee (SGE) Member
Davis, Richard	10/31/2013	10/31/2019	Deputy Administrator Rural Development, USDA	Ex Officio Member
Gibbs, Dale	09/30/2014	09/30/2018	CHI Director of Rural Health	Special Government Employee (SGE) Member
Ivarra, Francisco	10/03/2016	09/30/2019	President of the Washington State Council	Special Government Employee (SGE) Member
McLaughlin, Michael	10/03/2016	09/30/2019	Blue Earth County Veterans Service Officer	Special Government Employee (SGE) Member
Moore, Brenda	10/03/2016	09/30/2019	Associate Professor, University at Buffalo, SUNY	Special Government Employee (SGE) Member
Parsetch, Joe	09/30/2017	09/20/2020	DAV National 3rd Junior Vice Commander	Special Government Employee (SGE) Member
Reeves, Randy	09/30/2013	09/30/2018	Executive Director MS Veterans Affairs Board	Special Government Employee (SGE) Member
Wangen, Lonnie	09/30/2017	09/30/2020	Commissioner North Dakota Department of Veterans Affairs	Special Government Employee (SGE) Member

Number of Committee Members Listed: 11

Narrative Description

The Veterans' Rural Health Advisory Committee advises the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural and highly rural areas. The Committee evaluates current VA rural health program activities and identify existing barriers to rural health services. It recommends strategies to improve those services for Veterans to the Secretary of Veterans Affairs.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- | | |
|---|-------------------------------------|
| Improvements to health or safety | <input type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

The committee provides advice and counsel to the Secretary on implementation of policy

and health care services. While there are indirect cost savings from their influence a direct link would be hard to quantify.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

33

Number of Recommendations Comments

This is the total number of recommendations from FY 2009 to FY 2017.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

85%

% of Recommendations Fully Implemented Comments

In May of 2011 the VRHAC Committee participated in the 2012 - 2014 ORH Strategic Plan Refresh. In November of 2015 the Committee provided feedback on the ORH 2015 - 2019 Strategic Plan Refresh.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

12%

% of Recommendations Partially Implemented Comments

The Committee recommended using existing cost metrics as disincentives for expansion of care into rural and highly rural communities. Develop services that leverage mobile phones and the cell phone infrastructure to enhance patient-provider health communications, address health priorities, and improve efficiency across the VA health system.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Recommendations are tracked though Office of Rural Health Strategic Plan and briefed to the committee.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- | | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

VA has engaged the VRHAC in the rural health care strategic planning process. Their involvement will continue into the future.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

Checked if Applies

- | | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

N/A